					1	(ISSUED	Ŗ		
City of Portland, Maine	U			0.0.0	Issue Date	:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703		3, Fax:	(207) 874-8716	6 04-0549	MAY 1	9 2004	036 1037001		
Location of Construction:	Owner Name:			Owner Address:			Phone:		
389 Cumberland Ave	perland Ave Seaforth Hous			556 Commercial S	814360 F	PORTLAND			
isiness Name: Contractor Name		e:		Contractor Address:	PRINCE CONTROL OF	TOWNS TOWNS CONTRACT MARRIED	Phone		
	Applicant			Portland					
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			Zone:		
			}	Signs - Permanen	t		153		
Past Use:	Proposed Use:	Proposed Use:		Permit Fee:	k: CE	O District:			
Commercial / Fitness Club Sui	te 102 Fitness Club S	Fitness Club Suite 102 add 2.5 x 2.5		\$44.00	\$4	4.00	1		
	sign on the bu	ilding					PECTION:		
					Denied	Use Group.	Туре		
					Demed	4	Sign		
						O.	-A1999		
Proposed Project Description:	•						01)((()		
add 2.5 x 2.5 sign on the building				Signature.		Signature:	XMB 5/19/09		
						I	Type Sign- ZA1999 ZMB 5/19/04		
				Action: Approve	ed App	roved w/Con	ditions Denied		
				Signature:			Date:		
Permit Taken By:	en By: Date Applied For:			Zoning	Approva				
ldobson	05/07/2004								
1. This permit application do	es not preclude the	Spe	cial Zone or Reviev	vs Zonin	g Appeal	I	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.			noreland	☐ Variance	☐ Variance ☐ Miscellaneous		Not in District or Landma		
Building permits do not in septic or electrical work.			etland	Miscellar			Does Not Require Review		
3. Building permits are void within six (6) months of th		☐ Flood Zone		Condition	Conditional Use		Requires Review		
False information may inverge permit and stop all work	alidate a building	☐ Subdivision ☐ Site Plan		☐ Interpreta	Interpretation		Approved		
				Approved			Approved w/Conditions		
		Maj [Minor MM	Denied			Denied		
		Date:	5/14/0	late:		late:			
		C	ι EERTIFICATIO	ON					
hereby certify that I am the ow have been authorized by the ovurisdiction. In addition, if a per shall have the authority to enter such permit.	wner to make this appl rmit for work describe	ication a	as his authorized application is iss	agent and I agree to sued, I certify that the	o conform t he code offi	o all applicicial's author	cable laws of this orized representative		
SIGNATURE OF APPLICANT			ADDRESS		DATE		PHONE		
RESPONSIBLE PERSON IN CHARG	E OF WORK, TITLE				DATE		PHONE		

Please Read Application And				OF P	 		
Notes, If Any, Attached This is to certify the	that Seafor	th Housing I		PER	Perm	nit Numb	THE PERIOD OF TH
as permission to		5 x 2.5 sign (on the buil	9			MAY 1 9 2884
AT 389 Cumber	rland Ave				. 036 1037001		CITY OF PORTLAND
provided th	-	-		m or and or t			hall comply wit Portland regula

Apply to Public Works for street line and grade if nature of work requires such information.

this department.

the construction, maintenance and u

N fication inspe n must g n and w n permit in procuble re this lading or the thereof land or the land or the land or the land or the land of the land

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

of buildings and ctures, and of the application on file in

OTHER REQUIRED APPROVALS

DepartmentName

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Bui 389 Congress Street, 04101 Tel: (O		Permit No: 04-0549	Date Applied For: 05/07/2004	CBL: 036 I037001
Location of Construction:	Owner Name:	[0	Owner Address:		Phone:
389 Cumberland Ave	Seaforth Housing Llc		556 Commercial St	Ste 300	
Business Name:	Contractor Name:	•	Contractor Address:		Phone
	Applicant		Portland		1
Lessee/Buyer's Name	Phone:]	Permit Type:		
		L	Signs - Permanent		
Proposed Use:	!	Propose	d Project Description:		
Fitness Club Suite 02 add 2.5 x 2.5	sign on the building	add 2	5 x 2.5 sign on the b	ounding	
Dept: Zoning Status: A Note:	approved	Reviewer:	Marge Schmucka	Approval D	ate: 05/14/2004 Ok to Issue: □
Dept: Building Status: A Note:	pproved	Reviewer:	Jeanine Bourke	Approval D	ate: 05/19/2004 Ok to Issue: □

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

the Oity, payment arrangeme	into made be	made before pen	misorany kina a	e decepted.
Location/Address of Construction: 4/	101 Cumbe	ERLAND DUR	5018 102	
Total Square Footage of Proposed Str		Square Foot		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Ov	wner:		Telephone: 773 . <i>82</i> 3 <i>8</i>
Lessee/Buyer's Name [If Applicable)	telephone TBF SUITE 102 401 CUINB		pers for H Fee: Awn	Its.f. of signage x \$2.00 s.f. plus \$30.00/\$65.00 d.D. signage = Total \$ \frac{42.55}{2.55} \text{ hing Fee = Cost Of } \$ \frac{44.65}{2.55} \text{ Thee: \$ \frac{44.65}{2.55} \text{ hing Fee: \$ \frac{44.65}{2.55} hi
Current use: FirmESS CLUB				
If the location is currently vacant, wha	ıt was prior ı	use:		_
Approximately how long has it been v	acant:			_
Proposed use: <u>Fitners</u> (lub			
Project description: add	2.5 ' × 2	1.5' bulde	is segn	
Contractor's name, address & telephology the solution of the particles of the solution of the particles of the solution of the	ermit is read f. ne permit is g any work, fore the per	ready. You must o with a Plan Reviev mit is picked up.	come in and pick wer. A STOP WORI PHONE:	K ORDER will be issued
THE REQUIRED INFORMATION IS NOT IT DENIED AT THE DISCRETION OF THE BUILD INFORMATION IN ORDER TO APROVE TH	ING/PLANN			
hereby certify that I am the Owner of record of that I have been authorized by the owner to make laws of this jurisdiction. In addition, if a permit for expresentative shall have the authority to enter a codes applicable to this permit.	ke this applicat work described	tion ås his/her authorize d in this application is is	ed agent. I agree to d sued, I certify that the	conform to all applicable (Code Officials authorized inforce the provisions of the
Signature of applicant: Paul 7. Ros	ler t o		Date: 2030-0	AY - 5 2004
			1111177	a run a a

This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION ADDRESS: SUITE 102, 40/CUMBERLANDAVE, PORTLAND, ME 04/0/ ZONE: CBL: SINGLE TENANT LOT? YES _____ NO ____ MULTITENANTLOT? YES ____ NO ____ YES _____ NO __;__ MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 45' X 2 - 90 Height: INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES ______ NO _____ DIMENSIONS PROPOSED: BLDG. WALL SIGN? (attached to bldg) YES _____ NO ____ DIMENSIONS PROPOSED: 30 x 30 INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES ______ NO ____ DIMENSIONS: ____ BLDG. WALL SIGN(attached to bldg) ? YES ______ NO _____ DIMENSIONS:____ AWNING? YES ____ DIMENSIONS:____ LOT FRONTAGE (FEET): AWNING YES _____ NO ____ IS AWNING BACKLIT? YES _____ NO ____ HEIGHT OF AWNING: _____ DEPTH: _____ IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES NO_____ IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____s.f. A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED. SIGNATURE OF APPLICANT: Paul P. Robert DATE: *4-30-04* * • * * * FOR OFFICE USE ONLY * * * *

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following

information to the Code Enforcement Office at the time of application: Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00. Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage. A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan** all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building. A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment. ______ Certificate of Flammability required for awning or canopy at time of application. -<u>W/YA</u>— UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit. Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

Permit Fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit Fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

Sidewalk Signs

Design, Location, and Construction Standards

Quantity

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

Sign Dimensions

Single Listing: Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Multiple: Maximum width is 30 inches or such lesser width sufficient to retain $4\frac{1}{2}$ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants, or other street visual amenities. Signs shall be located near the curb rather than the building face.

Materials and Graphics

All signs shall be of an A-Frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts, and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics, and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

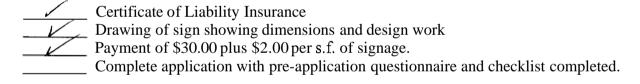
Insurance

No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

Enforcement

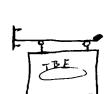
A sign may be removed after notice to the owner and the permit, if issued, may be revoked if the sign does not conform to the standards herein.

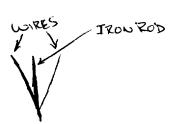
For a sidewalk sign permit, come to City Hall, 389 Congress Street, Room 315, with:





(1) 3/4" MDO 30x30 Painted blue HP white DOUBLE-SIDED (Type A bracket and hardware)





20 lbs

WOOD
RODIECU SUPERT BRACKET
ATTACHED TO BRICK SURFACE
W/MOLLY BOLTS AND
TWO S.S. WIRE GUIDES
BOUTED TO WALL

SIDE WALK SIDE WALK PARRIS ST. SIBEWALK CUMBERLAND AVE SIDE WALK $\overline{\Lambda}$ OAK ST bottom of SIGN BFT. WEST from sidewalk SIDE WALK SIDE WALK MECHANIC ST. SIDE WALK

						100000	ISSUE DAT	E (MM/D	DIYY)
		ERTIFICATE OF I	NSUF	RANCE		1009299		4.75)
	PHONE (A	77.110	CESTIFICATE IC.	CCUED AC A STORY			26/04		
K	& K Insurance Gr	oup, Inc.		THIS	CERTIFICATE IS I	SSUED AS A MAT NO RIGHTS UPO	TER OF I	NFORW	IATION
1	712 Magnavox Way	• •		HOLD	DER. THIS CERTIF	CATE DOES NOT	AMEND	FXTE	NO OB
P	.o. Box 2338			ALTER	THE COVERAGE	E AFFORDED BY T	HE POL	CIES B	ELOW
	ort Wayne, In 468	01							
NSUF	• /			<u> </u>	COMPANIES	AFFORDING	COVE	RAGE	
				COMPA					
S	PORTS, LEISURE & EI	NTERTAINMENT RPG		LETTE	R TNATION	WIDE MUTU	AL IN	ISUR!	NCE
Ď	/B/A TOTAL BODY F: /O PAUL ROBERTS	ITNESS DBA HEALT	HY WI	N COMPA	INY B				
	,			LETTER					
401 CUMBERLAND AVENUE STE# 102 PORTLAND, ME 04101					NY C				
	VERAGES			LETTER	1 ·				
	HIS IS TO CERTIFY THAT THE POLICE	TIES OF INSURANCE CIETED BELF	WALL DAVIE OF	EEN INCLE	5 W 5 15 11 5 1 5 1				
_	CALED NOT THE STANDING ANT REC	JUHENENI JEKNITHIONOMITON	IDE ANY CI	ONTRACTO	ほ のずいきゅうへんけいきん	マックロロウコロ レイガル ブ	APPLACE AND A	IN OF THE	CONTRACTOR
1/4	AY BE ISSUED OR MAY PERTAIN, THE ONS OF SUCH POLICIES. LIMITS SH	: INSURANCE AFFORDED BY THE F	POLICIES D	ERCHIPED I	HEREIN IS SUBJECT	TO ALL THE TERMS, I	XCLUSIC	NS AND	COND
ÇO.		MAT HAVE BEEN HEDUCEL			201121212				,
LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MI	M/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	(in thou	sands)	
	General Liability		† ` -		, , , , , , , , , , , , ,	General Aggregate		T _s	2000
A	Commercial General Liability	RPG0000478800	12:	01AM	12:01AM	Products-Comp/Ops	Aggregati		1000
	Cialms Made Occur.		4/2	2/04	4/22/05	Personal & Advertising		s	1000
	Owner's & Contractors Prof.		'	,	,,	Each Occurrence	3 - 1- 7	S	1000
				j		Fire Damage (Any or	is fire)	S	300
			}	Ì		Medical Expense (Any			
						Participant Legal Lia		\$	N/A
	Automobile Liability					Combined		1	=:1
	Any auto		1	j		Single Limit 5		- 1	
	All owned autos		}			BodNy			
į	Scheduled autos			}		(par person) \$	i		
i	Hired autos			!		Bodily Injury			
	Non-owned autos			1		(per accident) \$			
	Garage Liability	İ		ĺ		Property Damage			
	<u>L</u>					ļ <u> </u>			
- [Excess Liability			ļ		Ea Coour	en renee	Aggre	gate
-	Other than Umbrella form	{				\$	\$		
						 	intutory		
	Workers' Compensation					\$	Each Ac	cident	
	and Employers' Liability					s			imit
				-		\$ Disease-Policy Limit \$ Disease-Each Employe			
						ADAD	. 6		nipioy GE
- }	Participant				1	Primary Medical	: \$		······································
	Accident				ļ	Excess Medical	\$		·
-	ETON OF ORDER AND ADDRESS OF THE PARTY OF TH					Weekly Indemnity		Х	
	PTION OF OPERATIONS/LOCATIONS/VEH		1				 		
	STUDIO LIABILITY								
ER.	TIFICATE HOLDER I	s listed as an a	DDITI	ONAL :	INSURED				ĺ
	Mala see a see								
.F. FIT	IFICATE HOLDER			CANCELL	ATION				
			1	\$LOU	n and or Tile	ABOVE DECCE			
/5/11)	CANCE	D ANT OF THE	E ABOVE DESCR HE EXPIRATION D	ATE THE	PEOF.	THE
	THE OF BODES AND			Q., 4. 4. 4. 4. 4.	rem arrivatie ii			うろし	we
	TY OF PORTLAND, M	E		ISSUING	G COMPANY WI	LL ENDEAVOR TO	MAIL.	<u> </u>	SW4.03
	TY OF PORTLAND, M	E		WRITTE	G COMPANY WI BN NOTICE TO THE	CERTIFICATE HOL	DER NAM	MED TO	THE
	TY OF PORTLAND, M	E		ISSUING WRITTE LEFT, B	G COMPANY WI EN NOTICE TO THE UT FAILURE TO M	CERTIFICATE HOL IAIL SUCH NOTICE	DER NAM SHALLI	MED TO	THE
	TY OF PORTLAND, M	E		ISSUING WRITTE LEFT, B OBLIGA	G COMPANY WI EN NOTICE TO THE UT FAILURE TO M	CERTIFICATE HOL IAIL SUCH NOTICE Y OF ANY KIND UI	DER NAM SHALLI	MED TO	THE
	TY OF PORTLAND, M	E		USSUING WRITTE LEFT, B OBLIGA ITS AGE	G COMPANY WI EN NOTICE TO THE UT FAILURE TO M JION OR LIABILIT	CERTIFICATE HOL IAIL SUCH NOTICE Y OF ANY KIND UI	DER NAM SHALLI	MED TO	THE
	TY OF PORTLAND, M	E		USSUING WRITTE LEFT, B OBLIGA ITS AGE	G COMPANY WI ON NOTICE TO THE OUT FAILURE TO M STION OR LIABILIT ENTS OR REPRES	CERTIFICATE HOL IAIL SUCH NOTICE Y OF ANY KIND UI	DER NAM SHALLI	MED TO	THE
	TY OF PORTLAND, M	E		USSUING WRITTE LEFT, B OBLIGA ITS AGE	G COMPANY WI ON NOTICE TO THE OUT FAILURE TO M STION OR LIABILIT ENTS OR REPRES	CERTIFICATE HOL IAIL SUCH NOTICE Y OF ANY KIND UI	DER NAM SHALLI	MED TO	THE
	TY OF PORTLAND, M	E		USSUING WRITTE LEFT, B OBLIGA ITS AGE	G COMPANY WI ON NOTICE TO THE OUT FAILURE TO M STION OR LIABILIT ENTS OR REPRES	CERTIFICATE HOL IAIL SUCH NOTICE Y OF ANY KIND UI	DER NAM SHALLI	MED TO	THE

SI



December 18,2003

RE: Signage - Total Body Fitness 401 Cumberland Avenue Portland, Maine 04101

Dear Margaret:

Per our conversation of earlier, this letter will serve to notify you that Seaforth Housing, LLC d/b/a Back Bay Tower hereby grants permission for Christopher Cray **of** Total Body Fitness to erect a sign on the brick facade above his place **of** business here at Back Bay Tower.

Should you need further information or have any questions/concerns, please do not hesitate to call me at (207) 772-7050.

Regards,
Amy Winn, Property Manager

via: Fax 12/18/03 Hard Copy via **US** Mail 12/18/03

401 Cumberland Avenue • Portland, Maine 04101 • 207-772-7050 • rbackbal@conversent.net